

Interview information

Date ____/____/____ Time:____AM/PM Place____
Interviewer: Name____ Phone:_____

Case information

Name: Last____ First____ SSN____ Case ID#_____

Contact information

| | |
|--|---|
| Name | Home phone |
| Address | Work phone |
| City | Cell phone |
| SSN | Other phone |
| Birth date | Email |
| Date of exposure | Duration of exposure |
| Place of exposure | Confirmation of exposure yes no dk |
| Were other persons who you can identify exposed at the same time you were? | |

Household contacts of the contact. Include household-like contacts (nanny, neighbors or relatives who visit frequently, etc.)

| Number | Name | Relationship | Birthdate | Age (years) | Present (Y/N) |
|--------|------|--------------|-----------|-------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

For household members not present, how/when/where to contact them:

| Name | Contact information (phone number, address) |
|------|---|
| | |
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